

SENATE JOINT RESOLUTION NO. 38
INTRODUCED BY S. STEWART-PEREGOY

A JOINT RESOLUTION OF THE SENATE AND THE HOUSE OF REPRESENTATIVES OF THE STATE OF MONTANA REQUESTING THAT AN INTERIM COMMITTEE STUDY DISPARITIES IN THE HEALTH STATUS OF LOW-INCOME AND MODERATE-INCOME MONTANANS AND AMERICAN INDIANS AS COMPARED TO OTHER MONTANA RESIDENTS AND STUDY WAYS IN WHICH THE HEALTH CARE SYSTEM COULD ADDRESS HEALTH DISPARITIES.

WHEREAS, an increasing number of states are looking at ways to reduce health disparities among various populations, with 35 states creating strategic plans on this topic since 2005; and

WHEREAS, the U.S. Commission on Civil Rights issued a report in 2004 on Indian health that concluded, among other things, that American Indians experience significant rates of diabetes and cardiovascular disease, as well as a higher rate of cancer deaths; and

WHEREAS, a lack of medical personnel in Montana's most rural areas may make it more difficult for some Montanans to obtain health care; and

WHEREAS, individuals who are unable to afford health care insurance may delay preventive health care and thus may be diagnosed with health problems when those problems are more advanced and more difficult or expensive to treat; and

WHEREAS, changes in state programs or in policies involving the health care system may reduce the disparities in the health status of many Montanans.

NOW, THEREFORE, BE IT RESOLVED BY THE SENATE AND THE HOUSE OF REPRESENTATIVES OF THE STATE OF MONTANA:

That the Legislative Council be requested to designate an appropriate interim committee, pursuant to section 5-5-217, MCA, or direct sufficient staff resources to study the prevalence of chronic health problems among Montana's population and whether the prevalence of these health problems varies based on an individual's income level, ethnicity, geographic location, or access to health insurance coverage.

BE IT FURTHER RESOLVED, that the study efforts include the following items and activities:

1 (1) compiling existing information on the extent to which Montanans lack health insurance coverage or
2 are unable to afford health insurance, as well as the extent to which publicly funded programs provide health
3 insurance coverage to Montanans;

4 (2) obtaining and analyzing information about the health status of low-income to moderate-income
5 Montanans who receive publicly funded health services as compared to the health status of those individuals who
6 do not have health insurance;

7 (3) reviewing existing information and studies on the health status of American Indians as compared to
8 other Montanans for key chronic and life-threatening diseases; and

9 (4) reviewing existing information on the health status of rural Montanans to determine to the extent
10 possible whether the number and location of health care providers affect the health status of rural residents.

11 BE IT FURTHER RESOLVED, that the study engage the public and relevant stakeholders, including but
12 not limited to the Department of Public Health and Human Services, the Indian Health Service, urban Indian
13 clinics, and the Montana Office of Rural Health, to discuss disparities in health status and access to health care
14 and to identify potential solutions to any disparities that are identified. Potential solutions may include but are not
15 limited to:

16 (1) ways to coordinate and build on existing public health programs to improve the health status of
17 low-income to moderate-income Montanans and American Indians;

18 (2) establishing goals by which to measure whether public health improvement efforts are succeeding;
19 and

20 (3) changes to the health care system that may improve the health status of Montanans for whom health
21 disparities are identified.

22 BE IT FURTHER RESOLVED, that all aspects of the study, including presentation and review
23 requirements, be completed prior to September 15, 2010.

24 BE IT FURTHER RESOLVED, that the final results of the study, including any findings, conclusions,
25 comments, or recommendations of the appropriate committee, be reported to the 62nd Legislature.

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